

BREAST AND CERVICAL ABNORMAL FORM

Client Name:		Phone Number:	State ID:
Social Security Number:	Date of Birth:	Admin Site #:	<input type="checkbox"/> Revised
Additional Procedures <input type="checkbox"/> Diagnostics by MCCP			
Imaging Procedures	Date	Result of imaging procedure	
Additional Mammographic views	MM / DD /YYYY	<input type="checkbox"/> Done	
Ultrasound	MM / DD /YYYY	<input type="checkbox"/> Done	
Film comparison	MM / DD /YYYY	<input type="checkbox"/> Done	
(to evaluate addressment incomplete)			
Final imaging Outcome		(Includes all imaging procedures and film comparisons done) MM / DD /YYYY	
<input type="checkbox"/> Negative (1)	<input type="checkbox"/> Benign (2)	<input type="checkbox"/> Probably Benign (3)	
<input type="checkbox"/> Suspicious Abnormality (4)	<input type="checkbox"/> High suggestive of malignancy (5)		
Surgical consult, repeat breast exam	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Fine needle biopsy/cyst aspiration	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Incisional biopsy	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Excisional biopsy	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Colposcopy direct biopsy/ECC	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Diagnostic LEEP	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
diagnostic cold knife cone	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Diagnostic endocervical curettage	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Gyn consult	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Other (list):	MM / DD /YYYY	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Breast Final Diagnosis			
<input type="checkbox"/> Cancer not diagnosed		<input type="checkbox"/> Cancer, in-situ - LCIS	
<input type="checkbox"/> Cancer, in-situ - DCIS		<input type="checkbox"/> Cancer, invasive	
Cervical Final Diagnosis			
<input type="checkbox"/> Normal/benign/inflammation		<input type="checkbox"/> HPV/Condylomata/Atypia	
<input type="checkbox"/> Mild dysplasia/CIN I (bx dx)		<input type="checkbox"/> Low grade SIL (bx dx)	
<input type="checkbox"/> Moderate dysplasia/CIN II (bx dx)		<input type="checkbox"/> High grade SIL (bx dx)	
<input type="checkbox"/> Severe dysplasia/CIN III/Carcinoma in situ (bx dx)		<input type="checkbox"/> Invasive cervical carcinoma (bx dx)	
<input type="checkbox"/> Other (list):		<input type="checkbox"/> Other (list):	
Complete for Breast and/or Cervical Findings			
Status of final diagnosis/imaging (date is required)			
<input type="checkbox"/> Work up complete	MM / DD /YYYY	<input type="checkbox"/> Work up refused	MM / DD /YYYY
<input type="checkbox"/> lost to follow up	MM / DD /YYYY		
Comments:			
Status of treatment: (required for bolded final diagnosis)			
<input type="checkbox"/> Started	MM / DD /YYYY	<input type="checkbox"/> Refused	MM / DD /YYYY
<input type="checkbox"/> Lost to follow up	MM / DD /YYYY	Next screenign or follow up	MM / DD /YYYY
Provider's signature:		Print Provider's Name:	